

Progress Report Format Guidelines

PROGRESS REPORT

Date

RE:

DOB:

ASSIGNED FACILITY:

DATE OF COMMITMENT:

PARISH: (Domicile)

JUDGE(S):

OFFENSE(S)
FULL TERM DATE(S)

EVALUATION PERIOD:

PROGRAM - Current status comments:

SOCIAL/FAMILY/INTERPERSONAL

- ☐ Explanation of Specialized Program if applicable.
- ☐ Dormitory Adjustment - identify type program and level of participation in program (group and individual counseling involvement, goals accomplishment as relates to identified treatment needs and progression in treatment).
- ☐ Family Issue - Visitation, telephone contacts, and correspondence. Family involvement in special programs such as staffing, IEPs, graduation, special visits. Interaction with treatment staff. This includes OCS and significant others (i.e. grandparents). Youth and family participation in furlough program.
- ☐ Relationship with staff and peers.
- ☐ Religious activities participation (voluntary).

BEHAVIORAL/ADJUSTMENT IN PROGRAMMING

- ☐ LAMOD stage will be identified with explanation of system.

Code of Conduct Behavior Issues

- ☐ Custody Level will be identified.
- ☐ Number of Code of Conduct violations.
- ☐ Additional charges, if applicable.

EDUCATIONAL/VOCATIONAL/RECREATIONAL

- ☐ Current educational curriculum (i.e. Basic Skills I or GED or College or SSD #1).
- ☐ Most recent TABE scores and assessment of improvement.
- ☐ Summary of educational assessment (quality and quantity of work and behavior).
- ☐ Vocational placement (quality and quantity of work and behavior), if applicable.
- ☐ Job site (type) - on or off campus supervisor's report.
- ☐ Tutorial services or any other special educational services offered to youth.
- ☐ Speech Therapy.

- ☐ Recreation - participation in indoor and outdoor activities. Level of participation and specific limitations.
- ☐ Copy of current report card attached with progress report.

MEDICAL

- ☐ Contracted health care provider – Illnesses or conditions that are listed on the problem list in the medical chart. The contracted health care provider shall provide a status report for quarterly staffing. (Attach report and not summary).
- ☐ All reportable injuries to be attached to progress report.

PSYCHIATRIC/PSYCHOLOGICAL

- ☐ Consultations with the contracted health care provider (non-SMI youth).
- ☐ Self-injurious behavior.
- ☐ Authorization for Suicide Watch.
- ☐ Attach Report Summary from contracted health care provider, if applicable.

MENTAL HEALTH PROVIDER SERVICES – CONTRACTED HEALTH CARE PROVIDER

- ☐ A copy of initial assessments – psychiatric and/or psychological evaluation – completed by contracted health care provider, shall be forwarded by Direct Admission staff when first packets are forwarded by the courts.
- ☐ All subsequent evaluations completed by the contacted health care provider shall be forwarded after the youth's quarterly staffing in conjunction with Progress Reports.
- ☐ Updated status reports on SMI youth shall be provided quarterly by the contracted health care provider's mental health staff for attachment with the Progress Reports.
- ☐ Authorization for Suicide Watch.

RECOMMENDATIONS

- ☐ Programming needs.
- ☐ Furloughs, modification of disposition - yes or no.
- ☐ Justification for recommendation.

Prepared By: _____
Case Manager/Title

Approved By: _____
Social Services Case Manager Supervisor/Title

Attachments: (list all attachments such as report card, Contracted Health Care Provider's Quarterly Staffing Report, etc.)